STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

108

State File No. _____

Registrar's No. **52.**

1. Place of Death: (a) County _Graham_ (b) City or Town _Thatcher_ (c) Location _____
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _1 day_ ; In Community _1 day_ ; In Arizona _1 day_
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State _Arizona_ ; (b) County _Graham_ ; (c) City or Town _Thatcher_
(If outside city limits also write RURAL)

(d) Street No. _____ ; (e) If foreign born, in U. S. A. _____ yrs.

3. (a) FULL NAME _Terry Lanier Thompson_ (b) If veteran _____ name war _____ (c) Social Security No. _____
(If NONE write the word)

4. Sex _Male_   5. Color or Race _White_   6. (a) Single, married, widowed or divorced _____

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife, if alive _____ yrs.

7. Birthdate of deceased _Aug_ _24_ _1945_
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _1_ If less than one day hrs. _____ min. _____

9. Birthplace _Thatcher_ _Graham_
(City, town or county) (State or Country)

10. Usual Occupation _Infant_

11. Industry or Business _____

Father
12. Name _Jerry Thompson_
13. Birthplace _Magdalena_ _New Mexico_
(City, town or county) (State or Country)

Mother
14. Maiden Name _Bonnie Beals_
15. Birthplace _Pima_ _Arizona_
(City, town or county) (State or Country)

16. (a) Informant's own signature _Jerry Thompson_
(b) Address _Thatcher, Arizona Box 315_

17. (a) Burial, Cremation or Removal _Burial_
(b) Place _Pima Cem_ (c) Date _Aug 25_ 19_45_

18. (a) Embalmer's Signature _____
(b) Funeral Director _Jerry Thompson_
(c) Address _Thatcher City_

19. (a) _Oct 9th 1945_
(Date received by local registrar)
(b) _____

20M 100% Reg 9/23/40   _____ (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) _Aug 24, 1945_
TIME (Hour and minute) _7:30 P.M._ M.

21. I hereby certify that I attended the deceased from _Aug 24_, 19_45_ to _Aug 24_, 19_45_
that I last saw him alive on _Aug 24_, 19_45_
and that death occurred on the date and hour stated above.
Immediate cause of death _Prematurely (7 months)_

	DURATION
Due to _____	_____
Due to _____	_____
Other conditions _____ (Include pregnancy within 3 months of death)	_____

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or Town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____
(Specify type of place)
While at work? _____ (e) Means of injury _____

23. Signature _____ M.D.
Address _____ Date signed _8/27/45_